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TO EXAMINER: LESTER KINCAID, GROUP 2685	FROM APPLICANT: RICHARD J. DITZIK
FAX NUMBER: 703-872-9314	DATE: MARCH 7, 2002
COMPANY: US PATENT & TRADEMARK OFFICE	TOTAL NO. OF PAGES INCLUDING COVER: 24
PHONE NUMBER: 703-306-3016	APPLICATION NUMBER: 09/391,966 FILED: 09/08/99

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Attached:

— Certificate of Transmission under 37 CFR 1.8, one page

— Amendment Transmittal, one page.

— First Amendment Under 37 CFR 1.111, for 09/391,966, filed 09/08/99; twenty-one (21) pages.

RICHARD J. DITZIK • 307 SURREY DRIVE • BONITA, CA 91902

Official

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

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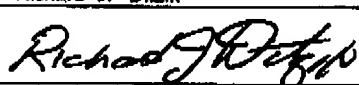
Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

AMENDMENT TRANSMITTAL	In Re:	
	Application Number	09/391,968
	Filing Date	09/08/99
	First Named Inventor	Richard J. Ditzik
	Group Art Unit	2685
	Examiner Name	Kincaid, Lester G.

For: Modular Notebook and PDA Computer Systems for Personal Computing and Wireless Communications

A. **X** Transmitted herein is an Amendment under 37 CFR § 1.111 for the above-identified application, **21 pages.**

B. **X** Applicant is an small entity – verified statement already filed.

Method of Payment (Check One)

1. ___ Commissioner is here be authorized to charge indicated fees and credit any over payment to:

Deposit Account Nr. _____

Fee Calculation (continued)

3. ADDITIONAL FEES

Small Entity		Fee Description	Fee Paid
Fee Code	Fee ($)		
215		Extension for response within first month	
216		Extension for response within second month	
217		Extension for response within third month	
		--	

Fee Calculation

2. CLAIMS	Prev Paid		Extra		Fee fm below	Fee Paid
Total Claims:	18	-20 =	0	X	=	0
Independent Claims:	2	- 3	0	X	=	0
Multiple Dep. Claims:				X	=	

Small Entity		Fee Description				
Fee Code	Fee ($)					
203	$9	Claims in excess of 20				
202	$39	Independent claims in excess of 3				
204	$130	Multiple dependent claim				
209	$39	Reissue indep. Claims over original				
210	$9	Reissue claims in excess of 20				

SUBTOTAL (2) $ 0

TOTAL PAYMENT $ 0

SUBMITTED BY:				Complete (if known)	
Typed Name	Richard J. Ditzik			Reg. Number	
Signature	*Richard J Ditzik*	Date 3-7-02		Deposit Account User ID	